Centre intégré de santé et de services sociaux de Laval Québec

Bureau du commissaire aux plaintes et à la qualité des services

COMPLAINT FORM

BEFORE FILLING UP THIS FORM:

We invite you to first to discuss the problem with the person in charge of the department involved. She is in the best position to evaluate the situation and find a solution, if possible.

If you are the user or his legal representative and still not satisfied following this first step, we invite you to fill up the following document.

USER IDENTIFICATION		
Last and first name:		
Date of birth:	File number:	
Phone:		
Email address:		
Otherwise, mail address :		
IDENTIFICATION OF LEGAL REPRESENTATIVE (if applicable)		
Last and first name:		
Email address:	Otherwise, mail address:	
Phone:		
COMPLAINT DESCRIPTION If this space is insufficient, please add an appended sheet		
Location of event :		
Date of event:		

What are your expectations:	
Date:	
	User signature (Mandatory, unless you are the legal representative)
	(adatory, arribbb you are the logar representative)
Date:	· · · · · · · · · · · · · · · · · · ·
	Legal representative signature (<i>If applicable</i>)
	(II арріїсарі с)

Please send this complaint form by email to the following address: plaintes.csssl@ssss.gouv.qc.ca

Otherwise, by mail, at the following address:

Bureau du commissaire aux plaintes CISSS de Laval 800, boul. Chomedey, Tour A, bureau 301 Laval (Québec) H7V 3Y4

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